



TOWN OF DALTON

Board of Health
462 Main Street
Dalton, MA 01226
Tel (413) 684-6111 Ext. 20
Email: efahey@dalton-ma.gov

Fee: \$100.00

APPLICATION FOR A BODY ART ESTABLISHMENT PERMIT

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

PHONE NUMBER _____ FEDERAL ID# _____

MAILING ADDRESS _____

NAME OF OWNER _____

PERSON IN CHARGE _____

BODY ART PRACTITIONERS _____

FACILITY LICENSE TYPE ☐ TATTOOING ☐ BODY PIERCING

AUTOCLAVE INFORMATION _____

DAYS & HOURS OF OPERATION _____

SHARPS DISPOSAL WASTE HAULER _____

Pursuant to M.G.L. Chapter 62C, section 49A I certify under the penalties of perjury that I, to my best knowledge, have filed all state tax returns and paid all State taxes required under law. I have received a copy of the Town of Dalton Body Art Regulation. Body Art Establishment Permits expire one (1) year from date of issue unless revoked sooner by the Board.

SIGNATURE OF APPLICANT

DATE

~FOR HEALTH DEPARTMENT USE ONLY~

DATE RECEIVED

DATE INSPECTED

APPROVED BY

PERMIT NUMBER

FEE DUE WITH APPLICATION